## MISSOURI CIRCUIT COURT, 22ND JUDICIAL CIRCUIT PROBATE DIVISION, ST. LOUIS CITY

RE:				Deceased
	APPLICATION	FOR LETTE	RS OF ADMINISTR	ATION
Come now				,
of lawful age, being	first duly sworn upon		oath, states:	
That the above-r	named decedent, a	male perso	n, who last resided at	
				_, in the City of St. Louis, Missouri, the
domicile of the deced	dent, and who was approximat	tely	years of ag	e, died intestate on the
day of	, 20	·		
*That said deced	lent, at the time of death, was	(single) (married)	(divorced) (widowed).	
	relationship to decedent and r		• •	if any, and heirs, are set forth on the
	o other heirs known to applica	·		
That the deceder	nt left personal property of app	proximately \$		,
and real property of a	approximately \$			·
That applicant re	esides at			
			, and us the	relationship
of decedent, is entitle	ed to letters of administration of	on the estate of th	e above-named decedent.	relationship
*That applicant( or country, and desig		of the State of Mi	ssouri, or a corporation or	ganized under the laws of another state
Name of Agent	Residence Address	City	State	Zip Code
a resident of the State corporation.	e of Missouri as Agent for the	service of all pro-	cess on and the receipt of r	notice by such non-resident or foreign
				Signature of Agent

That if such letters are issued, applicant will make a perfect inventory of the estate, pay the debts, if any, as far as the assets extend and the law directs, and account for and distribute or pay all assets which come into possession of the applicant, and perform all things required by law touching the administration of said decedent's estate.

\*That application is hereby made for (SUPERVISED) (INDEPENDENT) administration.

WHEREFORE, applicant prays the court for grant of letters of administration, on giving the required bond.

The foregoing is made under oath or affirmation and its representations are true and correct to the best of applicant's knowledge and belief, subject to the penalties of making a false affidavit or declaration.

Signature of Attorney	for Applicant	Signature of Applicant
Name of Attorney for	Applicant (Typed)	Named of Applicant (Typed)
Address		Address
City Stat	te Zip Code	City State Zip
Telephone No		Telephone No
		EXHIBIT A
		<u>HEIRS</u>
N 60		
Name of Spouse		
Address of Spouse		
NAME	ADDRESS	DATE OF BIRTH RELATIONSHIP If Minor
If children are listed,	are all also issue of surviving spous	se ? YESNO